

A meeting of NHS Bromley Clinical Commissioning Group Governing Body 20 July 2017

ENCLOSURE 8

COMMUNICATIONS AND PUBLIC ENGAGEMENT ACTIVITY REPORT

SUMMARY:

This report provides an overview of our communications and public engagement (C&E) activity in Bromley CCG over the last six months (January 2017 to June 2017), and our future planned activity. The report provides assurance on how we are meeting our statutory requirements for participation and includes information on the following areas:

- Update on the assurance arrangements for involvement duty.
- Public and patient engagement activity and outcomes.
- Partnership working.
- Campaigns, publications and media.
- IT systems for communication and engagement.
- How patients are having a say in their own care (individual duty to engage).
- Current and planned future public engagement activity.

KEY ISSUES:

The CCG is committed to effective and responsive public and patient engagement. This commitment is reflected from the Governing Body right through the organisation. There is an internal team who are responsible for coordinating and managing public and patient engagement. We have a patient advisory group (PAG), and members are closely involved in much of our work. Over the last six months a further 35 new members have signed up and we now have 137 registered PAG members. We have been working closely with the patient participation groups in GP practices to encourage members to join our PAG. We are very grateful to all of those who give up their time voluntarily to advise and provide us with an essential patient perspective. We also work closely with key partners in Bromley such as Healthwatch Bromley, Community Links Bromley, voluntary sector organisations, charities that support patients, Bromley Maternity Voices and healthcare providers.

Some of the headlines from this report include:

- New assurance arrangements on our duty to involve.
- Public involvement in the community health services procurement.
- Patient engagement on service redesigns and procurements including diabetes services, anticoagulation and MSK.
- Informing the public about the south east London Sustainability and Transformation Partnership.
- Planning an engagement process on proposed changes to prescribing guidance.
- Plans to engage with children and young people (particularly young carers and those with a disability).
- Public campaigns to promote new GP services and public health initiatives.
- Gathering experiences from patients using the Integrated Care Network model of care.
- Patients having a say in their own care.

COMMITTEE INVOLVEMENT:

Elements have been discussed at the Clinical Executive, the Integrated Governance Committee, the OHSEL Communications and Engagement Workstream meeting and with the Bromley Communications and Engagement Network.

PUBLIC AND USER INVOLVEMENT:

As set out in the paper.

IMPACT ASSESSMENT:

Our engagement activity aims to reduce health inequalities by ensuring we are engaging with all population groups including those who are traditionally seldom heard. Equality impact assessments are undertaken for key programmes of work which are used to inform the engagement process and identify communities most likely to be impacted.

RECOMMENDATIONS:

The Governing Body is asked to note the activity undertaken, the outcomes, current activity and our future plans.

ACRONYMS

C&E – Communications and Engagement
PAG – Patient Advisory Group
MSK – Musculoskeletal
PPG – Patient Participation Group

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Communications and Public Engagement Activity Report

Report to the Governing Body – July 2017

1. Introduction

This report provides an update on our communication and public engagement activity undertaken over the last six months (January 2017 to June 2017). It includes a summary of the impact of our engagement activity and provides assurance that we are meeting our statutory engagement duties.

It covers the following areas:

- Update on the assurance arrangements for our involvement duty.
- Public and patient engagement activity and outcomes.
- Partnership working.
- Campaigns, publications and media.
- IT systems for communication and engagement.
- How patients are having a say in their own care (individual duty to engage).
- Planned future public engagement activity.

2. New assurance arrangements

This year, NHS England is proposing new arrangements to assure CCGs that they are meeting their duty to engage with the public. Evidence will be collected from publicly available material and an indicator for the individual duty to involve will be included in the Improvement and Assessment Framework (IAF) indicator set. The outcomes of the assurance will be published in September 2017 on the My NHS website. Although there is no longer a need to produce an annual engagement report for assurance purposes, the CCG will continue to do this to provide information to our local communities on the work we have done over the previous year and how they can get involved.

3. Public and patient engagement

3.1 How we plan our public engagement activity

We have robust governance processes in place which ensure that our engagement activity is embedded across the CCG and the commissioning cycle. Prior to embarking on any engagement activity, a bespoke communication and engagement plan is produced to support the relevant programme area. These plans are part of our routine business using our online business planning tool. By producing these plans right at the start of any project, it enables us to ensure the

right level of engagement and communications are planned, arranged and undertaken at each stage of the process.

Part of our approach to inform our communication and engagement planning is to consider and use any existing sources of intelligence, engagement outcomes and other insight to inform our work. This can include information from surveys, other programmes of work, friends and family test, engagement undertaken by our partners (such as Healthwatch Bromley), other patient experience or quality data from our providers and the outcomes of equality impact analysis. These can be rich sources of intelligence and data which can contribute to the overall picture of services. Through our work we work to embed the national six principles for engaging people and communities which are:

- Care and support is person centred: personalised, coordinated, and empowering.
- Services are created in partnership with citizens and communities.
- Focus is on equality and narrowing inequalities.
- Carers are identified, supported and involved.
- Voluntary, community and social enterprise and housing sectors are involved as key partners and enablers.
- Volunteering and social action are recognised as key enablers.

3.2 Public engagement activity

Below is a summary of the key areas of public and patient engagement work we have undertaken over the last six months, some of which is still in progress and how it is influencing the decisions we make. Our stakeholder bulletin, which is distributed 4 times a year and published on our website, provides information on our engagement activity together with the outcomes using a ‘you said, we did’ approach. It is also one of the main ways in which we feedback to those who have been involved in our work.

Activities	Progress and outcomes from engagement
<p>Primary Care Developments</p> <p>Patients have told us many times about the need to improve access to a GP. We have now extended access to GP services from 8am to 8pm, seven days a week.</p>	<p>Last year we asked patients using the pilot extended primary care services for their views. They were very pleased with the services and said we should promote the availability of the service.</p> <p>At the end of July we will launch campaigns to promote extended GP access and self-</p>

Activities	Progress and outcomes from engagement
	<p>care. We will run the two campaigns side by side to encourage people to manage minor ailments and injuries at home, how to stay well and the extra GP appointments that are now available through the extended service.</p> <p>In June we launched the Patient Online campaign. Bromley has one of the highest rates for offering patient online facilities in its practices.</p>
<p>Community Health Services Procurement</p> <p>Following extensive engagement undertaken to inform the service specifications for new models of community health care undertaken in the summer of 2016, some members of our Patient Advisory Group (PAG) kindly volunteered to be on the procurement panels. They were fully trained on the Delta procurement system prior to their involvement and briefed on the process and timeline.</p> <p>As part of the mobilisation of the new community health services contract over the autumn of 2017, we will be publishing evidence on how the public engagement undertaken to inform this process in the summer of 2016 was used in the service specifications and new models of care.</p>	<p>PAG members were evaluators on the procurements and scored the sections of the bids that related to communications, health inequalities and engagement. It was essential that they were involved to enable the patient perspective to be heard. In addition to the areas they were scoring, they were also able to review the whole of the bids and share their comments through the moderation meetings.</p> <p>A 'you said, we did' report on the community procurement will be published in the autumn. Further engagement will be planned with patients six months into the new contracts. The purpose will be to test experiences and measure the success of the new models of care.</p>
<p>Diabetes services</p> <p>A 'prime provider' model has been created to separate diabetes from the community services contract. In order to ensure the new services builds on existing good practice, and meets the needs of our patients, we asked for views on diabetes care and held a focus group to help develop the service specification.</p>	<p>141 people completed the survey, which gave us a broad understanding of what is important to people with diabetes. The focus group was attended by eight PAG members, including expert patients who have diabetes, all of whom were able to share their experiences to help build the service specification.</p>

Activities	Progress and outcomes from engagement
	The procurement process is currently underway with PAG members' part of the procurement panel.
<p>Over the counter medications</p> <p>We are proposing to no longer support the routine prescribing of over the counter medications for short lived illnesses that get better over time. A comprehensive engagement plan has been developed to support a public engagement exercise which is scheduled to run over August to October.</p> <p>We have worked with our PAG members to test these proposals and the materials we will produce during the engagement process. Our materials are being adapted by other CCGs, one of which tested our engagement leaflet with their own patient group.</p>	<p>We held a patient workshop in June to test the proposals and materials. There was broad agreement. The feedback we received has been incorporated into the materials and our plans and includes:</p> <ul style="list-style-type: none"> • We have made the financial information easier to understand. • We have emphasised the need to self-care and will also run a self-care campaign during the engagement process. • We will identify communities who could be most impacted and encourage them to complete the survey. • We have offered the engagement leaflet information in other formats such as other languages and large type.
<p>Sustainability and Transformation Partnership</p> <p>The south east London Sustainability and Transformation Partnership (STP) will be explained to local people at a public event on 18 July 2017. The event has been arranged to share what we are doing in Bromley to contribute to the delivery of the Five Year Forward View. NHS organisations in south east London are working together with local councils and providers to make plans and decisions that will ensure the sustainability of services into the future.</p>	<p>The event will provide us with an opportunity to talk to local people about what is happening in Bromley and the improvements we are making. Following a market place event, there will be a panel of experts from local health and care organisations who will answer questions from the public.</p>

Activities	Progress and outcomes from engagement
<p>Anti-coagulation</p> <p>The current contract for the community anticoagulation service in Bromley expires on 31 March 2018. As part of the procurement process, we are refreshing the service specification. The service will provide a comprehensive community anticoagulation service which will serve patients aged 16 and over registered to a GP practice in Bromley.</p>	<p>Patients and Healthwatch Bromley were invited to attend a focus group to discuss their experiences with the current anticoagulation service. The feedback from this and the annual patient survey conducted about the service (which is required as part of holding our providers to account) were used to inform the service specification. Overall patients feel that the current service is excellent.</p> <p>The procurement process is currently underway with patient representatives on the procurement panel.</p>
<p>Musculoskeletal (MSK)</p> <p>The current contract for the MSK service expires on 31 March 2018.</p> <p>We ran a patient workshop with members of the CCG PAG to hear feedback on their experiences of using MSK services in Bromley. Nine patients attended and their feedback has been used to inform the service specification.</p>	<p>Overall patients were very happy with the current service. One area of consideration was a review of the how referrals are made by GPs to the service.</p> <p>The procurement process is currently underway with patient representatives on the procurement panel.</p>
<p>Bromley Health and Wellbeing Centre (HWBC)</p> <p>The Bromley HWBC is part of a long-term strategic programme to improve health services in Bromley. The Centre will house a range of primary care, community, and secondary care and wellbeing services, including diagnostics, diabetes services, public health and wellbeing, mental health services, antenatal and maternity services, podiatry and physiotherapy, all under one roof in an accessible location. It will also re-house Dysart Surgery, a large GP practice with a rising population of 11,500.</p>	<p>In January we held a patient workshop to share plans for the new centre and to gather views on potential sites. This engagement has continued with a large number of our PAG and representatives from practice participation groups interested in getting involved. In June, patient representatives were part of a group who were assessing and scoring proposed site options.</p> <p>A communications and engagement strategy for the Centre has been developed which sets out future plans for engaging with the public and key stakeholders throughout the development of the centre.</p>

Activities	Progress and outcomes from engagement
<p>Mental Health Services</p> <p>New mental health services are now available in Bromley. Some of these were informed by extensive engagement we underwent to gather views from current service users on their experiences and what they need to better support their conditions. The new services include:</p> <ul style="list-style-type: none"> • The Bromley Dementia Hub • Recovery Works • Talk together Bromley (psychological therapy services) 	<p>You said: ‘We need to know where to go for practical information, advice and services. This is important in helping us make informed decisions about managing dementia and planning for the future’. We did: ‘Once someone has been diagnosed with dementia, the Bromley Dementia Support Hub is somewhere that they, their families and friends can get more information and advice during what might otherwise be an isolating year’.</p> <p>One lady using the Recovery Works has now shown she has the ability to support others as well as share her lived experience. There has been a reduction in her ‘episodes’ with a quicker recovery period, she has better communication with her partner and family and is able to advise them when she requires help. Data from the service shows that it is already meeting and exceeding targets. For example, 18 people have attended a job interview (target 10), 11 have maintained employment through a crisis (target 3) and 17 have started in education (target 5).</p> <p>You said: We need clearer information about what is available from psychological therapy services.</p> <p>We did: The new service provides clear information about what is available and how patients can refer themselves for treatment.</p> <p>You said: Waiting times need to be reduced and more appointments provided out of working hours.</p> <p>We did: Because of the CCG’s additional investment in the new service, there will be more appointments available and offered</p>

Activities	Progress and outcomes from engagement
	outside of working hours.
<p>Future planning of mental health care</p> <p>As part of our commitment to improving both the mental health of our population and the services provided to treat and support them, we are developing a mental health strategy. The aim of this strategy will be to set out clear plans to deliver effective services that meet the needs of patients. To inform that strategy we held the first of a number of stakeholder events to gather as many views as possible about our plans. This included many patients and carers who were currently using services.</p>	<p>Views were provided on how improvements could be made. Priorities identified were:</p> <ul style="list-style-type: none"> • Prevention • Single Point of Access • Early Intervention • Crisis Prevention • Suicide Prevention • Multi-Disciplinary Teams Hubs • Recovery and Mutual Aid <p>As part of developing the mental health strategy we will feed the initiatives and ideas taken from the engagement event into our priorities and planning processes. We will then invite service users, carers and stakeholders to be part of the project teams that take forward the various priorities in each year of the strategy.</p>
<p>Orpington Health and Wellbeing Centre</p> <p>A major milestone was reached on the development of the new Orpington Health and Wellbeing Centre. The commercial agreement has been finalised and agreed which includes all the different leases for the parties moving in. This is a significant milestone in the development of this building. The building of the new centre is well underway.</p>	<p>The development of plans for Orpington Health and Wellbeing Centre has involved many patients and other stakeholders. A stakeholder reference group was established to inform the developments and members of the PAG were invited to review the designs and provide views. This led to improvements to disabled access.</p>
<p>Phlebotomy Services</p> <p>Patients told us that they have to wait too long to have their blood taken and we have been working hard to make improvements in this area. Last year we reviewed the feedback we received from people using these services, which was gathered through an extensive engagement process which involved</p>	<p>As a short term measure we have commissioned the Bromley GP Alliance to set up pre-bookable phlebotomy clinics that are accessible to all patients and so offer an alternative to attending walk-in clinics. These appointments will be available whilst we work with King's to agree a longer term plan to improve phlebotomy provision.</p>

Activities	Progress and outcomes from engagement
<p>focus groups and face to face interviews in waiting rooms.</p>	<p>Patients using the new pre-bookable clinics have been very positive. 146 people have completed feedback forms and said they were satisfied or very satisfied and would recommend the service. In these feedback forms, many patients commented on the convenience, the friendliness and professionalism of the phlebotomists. <i>'What a great service! I was in and out in 10 minutes and had a great nurse to do the blood test'.</i></p>
<p>Cancer</p> <p>Following the publication of the national cancer patient experience survey, a Bromley working group was set up to respond to outcomes of the survey. The purpose was to pick out key themes that were raised that could be improved upon. A cancer focus group with PAG members was held to inform the work. The CCG working group is made up of CCG staff (including clinical lead), MacMillan and Cancer Research UK. The group is working collaboratively with King's.</p>	<p>The CCG has identified two key themes that will be addressed that came out of the survey and focus group:</p> <ul style="list-style-type: none"> • Improvements to the cancer documentation/information pack given to patients when diagnosed. • Communication between the patient and their GP when being treated for cancer. <p>We are proactively working with King's to pull together all of the resources that patients receive for each tumour group in an attempt to simplify the information and improve communications.</p>
<p>Integrated Care Networks (ICN)</p> <p>Patients have informed the new Integrated Care Network model of care and were also asked for views on the information used for patients in the new Integrated Care Unit at Orpington Hospital. In March, King's College Hospital NHS Trust held a patient workshop to share information on the model and how the multi-disciplinary teams provide care. Participants were asked for their views on the information that will be provided to people using the Integrated Unit.</p>	<p>42 people attended the patient workshop including some of our PAG members. Other participants were from King's Foundation Trust members, Healthwatch Bromley, patients and carers, local voluntary groups and care providers. This included representatives from Day to Day Care Ltd, Bluebird Care (Bromley), Home Instead Senior Care, Bromley Council, Bertha James Day Centre, Bromley Dementia Support Hub, Saxon Day Centre, Caremark Bromley, Age</p>

Activities	Progress and outcomes from engagement
<p><u>Evaluation of the ICN model</u></p> <p>We are working with the Health Innovation Network to gather views from staff and patients on the impact of the new model of care. Interviews are taking place with patients and carers to ask them whether the new integrated approach to their care is making a difference. Feedback so far has been positive and there are a number of examples of the different the approach is making to patients and their families.</p> <p>An Our Healthier South East London film has been released which describes how our health services are being improved across south east London. The Bromley version of the film features Dr Ruchira Paranjape and two of our PAG members. Dr Paranjape explains the work we are doing to proactively identify patients who have complex long term conditions and need more joined up care to meet their needs and keep them well.</p>	<p>Concern and Abacus Homecare Bromley.</p> <p>A number of views were provided on the information patients would need prior to being admitted, once on the wards and after leaving. This has been used in the review of this information.</p> <p>“SG” is a 59 year old male known to the community mental health team. He has had a series of emergency calls to 111 and visits to the PRUH Emergency Department. A visit to the patient showed that home hygiene is compromised, he is struggling to survive on benefits and his home was cold through lack of heating.</p> <p>Advice was given on benefits and the need to maintain provisions e.g. buy non-perishable items. Contact was made with a food bank to provide assistance, EDF energy to place credit on his meter and credit was added to his Oyster card to enable him to travel to planned medical appointments.</p> <p>In the six weeks before the MDT intervention, SG had called 111 on 16 occasions and visiting A&E 4 times. Six weeks after there have been no emergency contacts.</p> <p>The video is on our website and we have promoted it through social media and partner networks.</p>

Activities	Progress and outcomes from engagement
<p>Quality visits</p> <p>We undertake regular quality visits to our services and link up with Healthwatch to make sure these are coordinated. Visit teams include members of our PAG.</p>	<p>Quality visits to the two urgent care centres in Bromley (Beckenham Beacon and the Princess Royal University Hospital) have been undertaken. The visits were conducted with the emphasis on ‘walking the patient’s journey’ and included discussion with patients and their relatives and observation of the environment from the patient’s perspective. Feedback from the visits is given to the providers.</p>

4. Partnership Working

We engage and involve the public and other stakeholders in our work through a variety of ways. This is critical as it enables us to make decisions which are underpinned by a clear understanding of public views, concerns and aspirations. Knowing what people think about existing health services in Bromley is also vital to helping us improve patient experience in the future. We also consider information from surveys undertaken by our partners – for example a study Healthwatch Bromley has undertaken on homelessness led to some work done in primary care services about registering patients that are homeless.

Over the last six months we have sought views and experiences in the following ways:

- Our PAG and the public, either face to face in workshops and events or through surveys.
- Work closely with Healthwatch Bromley and CLB (which also helps us to gather views from those communities who are harder to reach).
- As part of the OHSEL programme (Clinical Leadership Groups, Planned Care stakeholder reference group, SEL stakeholder reference group etc)
- Public question and answer sessions at each of our Governing Body meetings.
- Bromley Maternity Voices (which has a lay chair and lay members).
- Data on patient experience from our providers. This is presented to the CCG’s Quality Assurance Subcommittee.
- Review of complaints from providers.
- The Bromley Communications and Engagement network which is chaired by Healthwatch and includes the local authority, third sector, local providers and the police.

We continue to work with our partners and local groups – some more closely depending what we are engaging on. We also hold our local providers to account for how they are involving patients in their

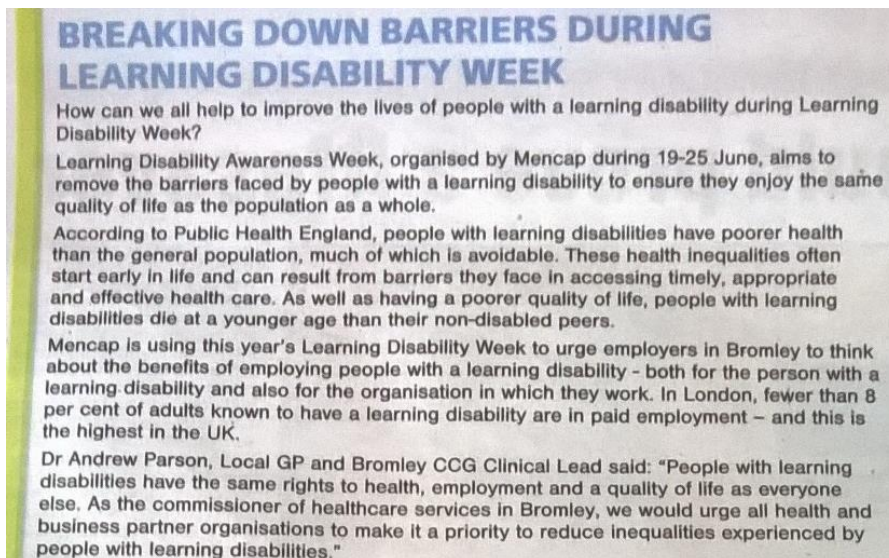
own governance, decision-making and quality improvement activities. We do this through our Quality Review Sub Committee which analyses outcomes from provider services in relation to complaints and patient experience.

5. Campaigns, publications and media

5.1 Campaigns

Campaigns are run throughout the year, often to coincide with national campaigns, seasonal campaigns and awareness weeks. The aim is to provide people with information about how they can improve their health, take better care of themselves and support self-care. Our focus is on those campaigns that meet the demographic and health needs of Bromley residents. We promote these campaigns through a variety of ways to try and get the messages out as far as possible. This includes:

- News story on our website with links to national data and other relevant information.
- Social media such as twitter.
- Through our internal networks as many of our staff live in Bromley
- Our weekly GP bulletin.
- The Bromley network which includes the third sector, Healthwatch Bromley, the council and health providers.
- Through our regular monthly column in the Bromley News shopper (see example below)



Over the last six months our awareness campaigns have included:

- Breaking down barriers during Learning Disability Week
- Mental health: Let's strive to thrive



- Bowel cancer awareness month
- It's not just about food and drink
- Heart Month
- Be Food Smart (Change4Life app)
- GP online services
- The Bromley STP public event



At the end of July we will launch two campaigns to run side by side promoting both extended GP appointments and encouraging people to self-care. We have purposefully done this to ensure that patients still always consider when it is appropriate to see a GP.



5.2 Publications

5.2.1 Stakeholder Bulletin

We produce a quarterly stakeholder bulletin which informs key stakeholders and patient representatives about our work and the outcomes of their involvement. This is emailed to patient advisory group members and a range of stakeholders including Bromley MPs, key councillors,

voluntary sector groups, Healthwatch and other partners. It is also posted on our website to reach a wider audience.

The bulletin is just one of a number of ways in which we ‘close the loop’ when we seek the views of patients and the public. We are always seeking innovative ways of feeding back how patients have influenced our work including updates on our website, through social media, directly to those involved and at workshops/meetings.

5.2.2 Annual report and accounts for 2016/17

We include a summary of the engagement work we do in our annual report and accounts for 2016/17 which is available on our website.

5.2.3 Website and social media

We provide a wide range of information on our website about how to get involved in our work. We also post the outcomes from our engagement work and advertise current opportunities to get involved. We use our twitter account to also promote getting involved and the outcomes of our work.

5.3 Media

Our aim is to ensure that the CCG and the work we do are both fairly and accurately represented by the media. This involves producing press releases, being prepared for any media interest and monitoring media activity that impacts on or which is of interest to the CCG. We develop responses and media handling lines for a range of issues relating to provision of local services.

MP Jo Johnson meets Bromley clinical leaders to herald new Health and Wellbeing Centre for Orpington

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 Post a comment

Friday, 24 March 2017 By Luke King in Health

JO JOHNSON MP has welcomed news that a commercial agreement has been finalised for the provision of services at the new Orpington Health and Wellbeing Centre.

The project is being overseen by Bromley Clinical Commissioning Group as part of their programme to improve access to healthcare across the London Borough of Bromley.

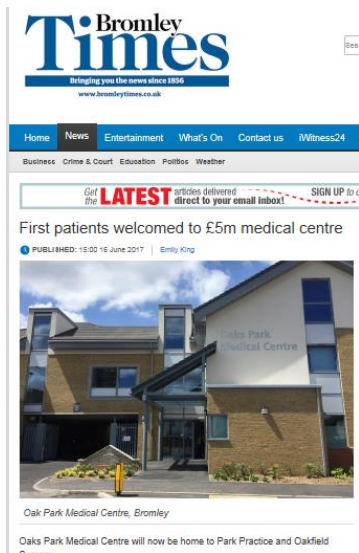
Agreements have been reached for the Health and Wellbeing Centre to house two GP surgeries, alongside a range of primary, secondary and community services, including out-patients, x-ray and ultrasound.



Jo Johnson MP is pictured with Dr Angela Bhan, chief officer of Bromley Clinical Commissioning Group, and Dr Andrew Parson, the group's clinical chair.

Examples of positive coverage over the last six months include:

- The Bromley Dementia Hub
- Orpington Health and Wellbeing Centre
- The Bromley perinatal mental health service (featured on the national news)
- The new ICN model of care
- The Oaks Park Medical Centre
- The outcome of the community health services procurement process



The Freedom of Information (FOI) Act gives the right to all individuals to request access to information held by the CCG. In line with many other CCGs, a proportion of our FOIs are made by journalists. We sometimes receive media enquiries on the back of information submitted as part of an FOI request.

From January to 16 June 2017, there have been a total of 123 requests. Key themes include requests about services we commission, corporate information, finance and prescribing information.

6. IT systems for communication and engagement

One of the ways we continue to improve how we communicate and engage with the public is through our information technology (IT) systems.

6.1 Social Media

Over the last six months, we have increased our social media activity in order to widen the reach and visibility of our work. We use Twitter to promote our activities and opportunities to engage with local people and other stakeholders. As of 11 July 2017, we had 3,858 followers (an increase of 383 in the last six months) and we follow 236 people and organisations. Our followers range from members of the public, local businesses, partner organisations, charities and other NHS organisations across the country.

Since 1 January 2017, our posts on Twitter have amassed 108,900 impressions. An impression is every time a user or organisation has been exposed to our content on their Twitter feed. This has been achieved by localising content, lifting key messages from our initiatives to gather more interest and joining in with twitter conversations through the use of #hashtags. We also work closely with partner organisations that support our social media activity by retweeting our information which helps it to reach a much wider audience.

In January we launched the #StayWellBromley digital campaign. The aim was to encourage people to stay well. It featured Dr Ruchira Paranjape a Bromley GP and clinical lead at the CCG. Working through our local partners we were able to increase the number of people seeing the campaign (around 3% of the population).



6.2 Website

We have Browsealoud on our website. This is a webscreen reader software that is available on every page. It adds speech, reading and translation functions which aim to improve access and participation for people with Dyslexia, low literacy levels, English as a second language and those with mild visual impairments. Online content can also be read aloud in multiple languages. Between 1 January and June 2017 we have received 1,053 toolbar loads (how many times someone has launched the Browsealoud system by clicking on the logo and expanding the toolbar) and 1335 speech requests (how many times someone has asked the system to perform a function for them, such as convert text to an audio file or change the appearance of the page).

This software goes some way to ensuring we meet the Accessible Information Standard, and can also be used as a tool in Practices to translate leaflets and patient information as required.

7. Patients involved in their own care

Ensuring that patients and carers are involved in decisions which relate to their care or treatment requires collaboration between patients, carers and professionals, recognising the expertise and contribution required by all. Work is going on across Bromley to ensure that patients are involved in their own care planning, have personalised care records and have the right information to enable them to take care of their health. Some of the work that is taking place includes:

- We act on feedback and address quality concerns. This activity is monitored by our Clinical Quality Review Groups which assess patient experience reports, outcomes from surveys, quality reports and other intelligence gathered by our partners including Healthwatch. This process also holds our local providers to account for gathering patient experience data and

complaints and acting on it. One complaint led to a review of the podiatry service. Following a toe amputation due to the lack of recognition of deteriorating ulceration, the service was reviewed and a diabetic foot assessment tool was developed. Daily reports on completion of the assessment were provided. The patient and his wife were invited to take part in a Provider Learning Event.

- A number of self-care programmes are provided in Bromley including pre and post diabetic education programmes, mindfulness training in schools, health checks, breast feeding support, weight management programmes, the heart support group and public campaigns on keeping well.
- We are working towards every person with a long term condition to be offered a personalised care plan to ensure they have an equal say in their care and treatment.
- Integrated case management in primary care services is a core component of our Out of Hospital transformation programme. The most vulnerable patients are identified and multi-disciplinary teams work together to develop care plans that are jointly implemented across the health and social care system.
- Our Integrated Care Network model of care is working alongside patients and their families to make sure they are involved in the packages of care that are provided to them. They are also provided with support to take better care of their own health.
- Patients are more involved in discharge arrangements through the establishment of the Transfer of Care Bureau at the Princess Royal University Hospital. Information is provided to all patients about their discharge and bureau staff work with the patient and their families to make the right arrangements for them.
- Personal health budgets are in place for people with continuing health care needs.
- We have a Health Promotion Hospital initiative in place at King's College Hospital NHS Foundation Trust. This is to make sure that every contact with patients counts. The aim is to increase the number of patients who are screened for smoking, alcohol and physical activity and offered appropriate brief intervention and referral.
- Patients are offered more choice by the way we are commissioning services. This can include in some services a range of providers to choose from or whether they want to receive care in hospital or in the community.

8. Planned future engagement activity

Future activity planned with patients and the public (in addition to the ongoing work identified in section 3.2) includes:

- Continuation of the co-production work on transforming emotional wellbeing and CAMHS services. We are recruiting a co-production manager to take this work forward over the next twelve months.
- Several service procurements (anti-coagulation, diabetes and MSK are ongoing).

- In September, we will engage with children and young people to help understand their experiences of local services, their understanding of safeguarding and areas that concern them. This work is being done to respond to recommendations from the CQC mock inspection and will be targeted at young carers and children with disabilities. Outcomes will be reviewed by the Bromley Children’s Safeguarding Board. The survey questions have been reviewed by young people.
- Undertake a public engagement on proposals to change prescribing guidance for over the counter medications.
- Continue to work with our PAG members and PPG representatives on the plans for the Bromley Health and Wellbeing Centre.
- Discuss with the CCG’s Equality and Diversity Group (which has Healthwatch Bromley and Community Links Bromley on the membership) how we approach engaging with people from seldom heard communities and how this can be further strengthened to ensure we use a range of inclusive approaches and methods of engagement to meet the needs of the community.
- Engage with the public on the development of primary care services. A public workshop is planned for the end of July to feedback on what has been put in place since a similar workshop in December 2016 and to seek their views to inform a primary care needs assessment.

8. Recommendation

The Governing Body is asked to note the activity undertaken, outcomes and planned work.